WELLINGBOROUGH
RURAL DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER
OF HEALTH

1970

JOAN M. ST.V. DAWKINS
M.B., B.S., D.P.H., D.C.H.

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WELLINGBOROUGH RURAL DISTRICT COUNCIL

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Chairman:

COUNCILLOR F. E. BULLOCK (resigned November 1970)

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Public Health Officers of the Council:

Medical Officer of Health:

F. R. N. LYNCH, M.B., B.CH., B.A.O., D.P.H. (to June 1970)

JOAN M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H. (from June 1970)

Also holds appointments of:

Medical Officer of Health for:

Boroughs of Brackley and Daventry
Urban District of Wellingborough, Rural Districts of Brackley, Daventry, Brixworth, Northampton and Towcester.
Senior Assistant County Medical Officer of Health.

Chief Public Health Inspector, Meat Inspector, etc. :

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To: THE CHAIRMAN AND MEMBERS OF THE
WELLINGBOROUGH RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report as Medical Officer of Health, which also incorporates the Report of the Chief Public Health Inspector.

The Report is presented in eight sections, each dealing with a separate aspect of environmental control; the first on natural and social conditions; the second on the provisions of health and welfare services; the third on sanitary circumstances; the forth on housing; the fifth on food; the sixth on the control of infectious and other diseases; the seventh on the Factories Act, 1961, and Offices, Shops and Railway Premises Act, 1963, and the eighth contains a number of statistical tables. In addition, while increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The vital statistics for the year show that there is an increase in population of 780 according to the Registrar General's mid-year estimate of 17,130. There were 212 deaths, a decrease of 24 on last year's figure. This gives a standardised rate of 11.8 compared with the national figure of 11.7. Male deaths exceeded female deaths by 16. Details and comments on the causes of death are given in Section A. The total number of live births was 378, an increase of 59 on last year and giving a standardised rate of 24.3, well above the national rate of 16.00, indicating that the new inhabitants of the District are young married couples. Illegitimate births were 14, 6 less than in 1969. There were four deaths under the age of one year, three occurring in the first week of life.

Eighty-nine cases of infectious disease were notified, showing a decrease compared with last year's figure of one hundred and thirty-three. One case of food poisoning was notified. There were five cases each of scarlet fever and whooping cough. Infective Jaundice has been locally notifiable for a number of years, and five cases were notified as compared with six in 1969. This year 10 people died from pneumonia, 5 from bronchitis and none from tuberculosis. It is gratifying to record no deaths from a disease which fifteen years ago had not been vanquished. There were 73 cases of measles compared with 109 in 1969. Though measles vaccination became generally available, the withdrawal of some vaccine resulted in a shortage and fewer children were immunised than was anticipated.

It is hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage of children will be vaccinated. While at present the incidence of infectious illness remains satisfactorily low, (apart from measles) should succeeding generations of parents fail to respond to the need for immunisation, recrudescence of infectious illness could occur. It remains vitally important therefore for children to be immunised for diphtheria, polimyelitis, whooping cough, tetanus, and now measles, with tuberculosis vaccination following later. Rubella (German Measles) vaccination also became available towards the end of 1970, to all girls between the ages of thirteen and fourteen.

Sanitary circumstances were maintained throughout the year. The refuse collection system was reorganised due to the introduction of a Work Study Scheme and this is reported on in Section C.

During 1970 private enterprise building showed a steady progress. 408 houses were completed, 96 more than in the previous year, with a further 229 under construction.

Slum clearance continued and by the end of 1970 a total of 538 had been cleared, leaving 87 to be dealt with.

The control of food hygiene in the Rural District is maintained at a high standard. The inspection of meat continued to be satisfactory. There has also been adequate control of food supplies. While the district has been fortunate during the year in having only one isolated case of food borne infection, the condition is generally far too prevalent. It is essential that there is constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.

While it is evident that the environmental control of the district has been maintained satisfactorily throughout the year, and there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

In general, nationally, both health and local government fields were under review. A change of government in mid-year required, inevitably, a deferral of the immediate plans proposed by the previous government. However, the need for reform and change was agreed by both political parties and it can be expected that the National Health Service will be unified. In Local Government the small district councils will be merged to form larger units. During the interim period, which is a difficult one for all personnel in public health and local government, services must be maintained and expanded where necessary.

At such time it is pertinent to review those matters which are most pressing in the field of prevention of ill health. Needs when defined, will have to be matched with available resources, and it will be necessary that priorities should be clearly assessed.

In the environmental field the intensive efforts of public health pioneers and civic authorities have given a secure basis of a sanitary environment and the availability of pure water, adequate disposal of refuse and sewage are taken for granted. It is vital that such services should continue to function smoothly. The present problem is less from man's pollution of his environment than from products innocently introduced for man's convenience of which detergents are one instance. Other chemical factors requiring control are drugs and the use of antibiotics in animal feeding. While on the other hand the omission of the controlled addition of minute quantities of fluoride to our water because of the pressure of a small group on local authorities has resulted in the failure to prevent dental caries in children. After five years of fluoridation Birmingham can now prove the efficacy and harmlessness of the procedure.

While this report is largely concerned with the environmental health of the area, health needs cannot be compartmentalized and although the population may live in a satisfactory environment if personal habits are unsound then all our efforts are wasted. It is therefore necessary to consider those factors which are also contributing to early and unnecessary death and disability.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This reponsibility lies however, not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, or diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly, will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

In conclusion, I wish to thank the members of the Public Health Department for their excellent work during the year, and for their help in the compilation of this report. In addition, I wish to extend my grateful thanks to the Chairman of the Council and the Chairman and Members of the Public Health & House Management Committee for their help and encouragement. I also express my appreciation to the County Medical Officer of Health for his ready co-operation in the supplying of information.

I have the honour to be,

Your obedient Servant,

JOAN M. ST. V. DAWKINS

Medical Officer of Health.

ACKNOWLEDGEMENTS

I wish to express my thanks to the following for information supplied and contained in this report:

CLERK TO THE COUNCIL

SURVEYOR AND ENGINEER

TREASURER

CHIEF PUBLIC HEALTH INSPECTOR AND HOUSING OFFICER

ENGINEER TO THE HIGHAM FERRERS AND RUSHDEN WATER BOARD

MANAGER, DEPARTMENT OF EMPLOYMENT AND PRODUCTIVITY,
WELLINGBOROUGH.

SUMMARY OF VITAL STATISTICS

Comparative Statistics for the Five Year Period 1966 to 1970

	1966	1967	1968	1969	1970
Area of the Rural District (acres)	33,116	33,116	33,116	33,116	32,707
Population (Registrar General's Estimate)	14,380	14,780	15,720	16,350	17,130
Number of Live Births	259	280	288	319	378
Legitimate	247	267	275	306	364
Illegitimate	12	13	13	13	14
Birth Rate per 1,000 pop.	17.32	18.9	18.32	19.5	22.10
Number of Stillbirths	2	7	2	2	6
Legitimate	2	7	1	2	5
Illegitimate	–	–	1	–	1
Stillbirth rate per 1,000 total births	7.66	24.0	6.9	6.2	16.00
Stillbirth rate per 1,000 population	0.14	0.47	0.13	0.12	0.35
Number of Deaths	173	142	182	188	212
Death rate per 1,000 population	12.03	9.60	11.58	11.49	12.40
Deaths from Pregnancy, Childbirth and Abortion	–	–	–	–	–
Number of Infant Deaths	5	4	6	4	4
Infant Mortality rate per 1,000 Live Births	19.30	14.0	20.83	12.53	11.00
Neonatal Mortality rate per 1,000 Live Births	15.44	14.0	13.89	12.53	8.00
Perinatal Mortality Rate (Stillbirths and deaths under one week combined per 1,000 total Live and Stillbirths)	19.10	35.0	17.24	18.69	23.00
Deaths from all forms of Tuberculosis	–	–	–	1	1
Deaths from Respiratory Tuberculosis	–	–	–	1	1
Deaths from Malignant Neoplasms	36	32	36	42	49
Deaths from Measles (all ages)	1	–	–	–	–
Deaths from Whooping Cough (all ages)	–	–	–	–	–
Deaths from Enteritis and Diarrhoea under two years of age	–	–	1	–	–
Deaths from Acute Poliomyelitis and Polioencephalitis	–	–	–	–	–
Natural increase in population, i.e., increase of Births over Deaths	86	138	106	131	166

SECTION A

Statistics and Social Conditions of the Area

Area (acres)	...	32,707
Census Population:		
1951	...	13,002
1961	...	13,647
Population (Registrar General's Mid-Year Estimate 1970)	...	17,130
Number of Inhabited Houses:		
1931	...	3,558
1970	...	6,400
Rateable Value	...	£676,811
Product of a penny rate	...	£2,610

The chief occupations of the inhabitants are as follows:

Boot & shoe manufacture, tanning, manufacture of plastics, flour milling, manufacture of animal feeding stuffs and fertilisers, light industry and agriculture.

The density of the population is one person per 1.9 acres & the housing factor 2.67 persons per house. The rate of unemployment in the Rushden area was 1.4% and in the Wellingborough area 1.5% of the working population compared with the National percentage of 2.7.

EXTRACTS FROM VITAL STATISTICS, 1970

LIVE BIRTHS

	Males	Females	Total
Legitimate	196	168	364
Illegitimate	9	5	14
Total	205	173	378

Crude Birth Rate per 1,000 estimated population 22.1

Adjusted Birth Rate (Comparability factor 1.10) 24.3

STILLBIRTHS

	Males	Females	Total
Legitimate	2	3	5
Illegitimate	1	-	1
Total	3	3	6

Rate per 1,000 total births (live and still) 16

DEATHS

	Males	Females	Total
Number registered all causes ..	114	98	212
Crude death rate per 1,000 estimated population			12.4
Adjusted death rate (comparability factor 0.95)			11.8
Deaths from Maternal causes			-
Maternal Mortality Rate per 1,000 live and stillbirths ..			-

	Males	Females	Total
Deaths of Infants (under 1 year)	3	1	4
Infant Mortality Rate per 1,000 live births			11
Legitimate infants per 1,000 legitimate live births			11
Illegitimate infants per 1,000 illegitimate live births ..			-

	Males	Females	Total
Deaths of Infants (under 4 weeks) ..	3	-	3
Neonatal Mortality Rate per 1,000 live births			8
Perinatal Mortality Rate per 1,000 live and stillbirths (stillbirths and deaths of infants under 1 week combined)			23

CLASSIFICATION OF CAUSES OF DEATH, 1970

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B5	Tuberculosis of Respiratory System	M	1	–	–	–	–	–	–	–	–	–	1	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B19(2)	Malignant Neoplasm, Oesophagus	M	1	–	–	–	–	–	–	–	–	–	1	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B19(3)	Malignant Neoplasm, Stomach	M	3	–	–	–	–	–	–	1	–	–	–	2
		F	–	–	–	–	–	–	–	–	–	–	–	–
B19(4)	Malignant Neoplasm, Intestine	M	3	–	–	–	–	–	–	–	1	1	1	–
		F	3	–	–	–	–	–	–	–	1	–	1	1
B19(6)	Malignant Neoplasm, Lung, Bronchus	M	11	–	–	–	–	–	–	–	1	1	6	3
		F	1	–	–	–	–	–	–	–	–	1	–	–
B19(7)	Malignant Neoplasm, Breast	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	6	–	–	–	–	–	–	–	1	3	1	1
B19(9)	Malignant Neoplasm, Prostate	M	2	–	–	–	–	–	–	–	–	–	1	1
B19(11)	Other Malignant Neoplasms	M	8	–	–	–	–	–	–	1	–	2	3	2
		F	11	–	–	–	–	–	–	–	1	3	4	3
B21	Diabetes Mellitus	M	2	–	–	–	–	–	–	–	–	–	2	–
		F	1	–	–	–	–	–	–	–	–	–	1	–
B23	Anaemias	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	–	–	1	–
B26	Chronic Rheumatic Heart Disease	M	3	–	–	–	–	–	–	–	–	–	1	2
		F	4	–	–	–	–	–	1	–	–	1	1	1
B27	Hypertensive Disease	M	2	–	–	–	–	–	–	–	–	–	–	2
		F	2	–	–	–	–	–	–	–	–	–	1	1
B28	Ischaemic Heart Disease	M	31	–	–	–	–	–	1	1	1	6	9	13
		F	21	–	–	–	–	–	–	–	–	–	3	18

CLASSIFICATION OF CAUSES OF DEATH, 1970

continued.

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 Weeks & under 1 year	AGE IN YEARS								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B29	Other forms of Heart Disease	M	3	–	–	–	–	–	–	–	–	1	1	1
		F	4	–	–	–	–	–	–	–	–	–	1	3
B30	Cerebrovascular Disease	M	10	–	–	–	–	–	–	–	1	–	4	5
		F	19	–	–	–	–	–	–	–	–	2	5	12
B46(5)	Other Diseases of Nervous System	M	2	–	–	–	–	–	1	–	–	–	1	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B46(6)	Other Diseases of Circulatory System	M	4	–	–	–	–	–	–	–	–	–	–	4
		F	4	–	–	–	–	–	–	–	–	–	1	3
B31	Influenza	M	4	–	–	–	–	–	–	–	–	1	3	–
		F	3	–	–	–	–	–	–	–	–	1	–	2
B32	Pneumonia	M	7	–	–	–	–	–	–	–	–	2	3	2
		F	3	–	–	–	–	–	–	–	–	1	–	2
B33(1)	Bronchitis and Emphysema	M	3	–	–	–	–	–	–	–	–	–	1	2
		F	2	–	–	–	–	–	–	–	–	–	1	1
B33(2)	Asthma	M	1	–	–	–	–	–	–	–	–	–	1	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B46(7)	Other Diseases of Respiratory System	M	1	–	–	–	–	1	–	–	–	–	–	–
		F	3	–	1	–	–	–	–	–	1	–	1	–
B34	Peptic Ulcer	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	–	–	–	1
B46(8)	Other Diseases of Digestive System	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	2	–	–	–	–	–	–	–	–	–	–	2
B39	Hyperplasia of Prostate	M	1	–	–	–	–	–	–	–	–	–	–	1
B46(11)	Diseases of Musculo-Skeletal System	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	2	–	–	–	–	–	–	–	–	–	–	2

CLASSIFICATION OF CAUSES OF DEATH, 1970

continued

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 Weeks & under 1 year	AGE IN YEARS								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B42	Congenital Anomalies	M	1	–	–	–	–	1	–	–	–	–	–	–
		F	1	–	–	–	–	–	1	–	–	–	–	–
B43	Birth Injury, Difficult Labour, etc.,	M	1	1	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B44	Other Causes of Perinatal Mortality	M	2	2	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B45	Symptoms and Ill Defined Conditions	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	–	–	–	1
BE47	Motor Vehicle Accidents	M	2	–	–	–	–	1	–	–	–	1	–	–
		F	1	–	–	–	–	–	–	1	–	–	–	–
BE48	All other Accidents	M	4	–	–	–	–	1	–	2	–	–	1	–
		F	1	–	–	–	–	–	–	–	–	–	1	–
BE49	Suicide and Self-inflicted Injuries	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	1	–	–	–
BE50	All other external causes	M	1	–	–	–	–	–	–	–	–	–	1	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
	TOTAL ALL CAUSES	M	114	3	–	–	–	4	2	5	4	15	41	40
		F	98	–	1	–	–	–	2	1	5	12	23	54
			212											

SECTION A

NATURAL AND SOCIAL CONDITIONS

The rural district situated on the eastern side of Northamptonshire with the River Nene flowing through its area, has in its centre the growing urban district of Wellingborough. There has been a marked population increase in the last five years. The main occupations of the inhabitants are, boot and shoe manufacture, tanning, manufacture of plastics, flour milling, the manufacture of animal feeding stuffs, fertilisers, light industry and agriculture.

The area of the district is 32,707 acres, giving an average of one person to 1.9 acres and the housing factor is 2.67 persons per house.

The Registrar General gives the mid-year estimated population for 1970 as 17,130 an increase of 780 on the population of the previous year, due mainly to the rise in private enterprise building. The natural increase in the population, that is the excess of births over deaths was 166.

BIRTHS;

The number of births was 378, an increase of 59 compared with last year, giving a standardised rate of 24.3, calculated on the comparability factor of 1.10, as against 16.00 for England and Wales per 1,000 of the total population.

STILLBIRTHS;

The total number of stillbirths in 1970 was six, an increase of four on 1969. The stillbirth rate is 16.00 per 1,000 total births, compared with 13.00 for England and Wales. Particulars of these stillbirths are given below.

Sex	Cause
M	Macerated foetus due to placental inefficiency
F	Cause unknown, prematurity, breech delivery
F	Foetal asphyxia, antepartum haemorrhage
M	Cause unknown
M	Foetal asphyxia, antepartum haemorrhage
M	Macerated foetus, cause unknown

ILLEGITIMATE BIRTHS;

There were 14 illegitimate births in 1970, six less than in 1969.

MATERNAL MORTALITY;

No death was recorded.

INFANT MORTALITY;

The number of children under one year who died was four, in 1969 there were three. Three of these deaths occurred in the first week of life, which is known as Early Neonatal Mortality, the rate for 1970 is 8.00 per 1,000 live births. The current rate for England and Wales is 11.00.

The causes of Infant Deaths with age and sex were as follows:

Age	Sex	Cause of Death
3 hours	M	Prematurity) Twins - transplacental transfusion syndrome
8 hours	M	Prematurity)
2 days	M	Respiratory distress syndrome, prematurity
15 weeks	F	Acute epiglottitis

DEATHS;

There were 212 deaths from all causes in 1970. The figure for last year was 188 and the corresponding Crude Death Rates are 12.40 and 11.49. The standardised death rate was 11.8 compared with 11.7 for England and Wales. The standardised rate is calculated from the Registrar General's comparability factor for the district which is 0.95, this makes an allowance for age and sex distribution of the population in different areas and is adjusted specifically to take into account the presence of any residential institutions in the area.

Out of a total of 212 deaths, 54 died before the age of 65 and a further 64 between 65 and 74, making a total of 118 before the age of 75. Of these 118 deaths, 74 were males and 44 females. Premature death is caused mainly by accidents, arterial disease and the cancers. In the district there were 3 motor vehicle accidents, 2 of them (1 male, 1 female) before the age of 45. Of the total 107 deaths from diseases of the heart and circulation, 11 males and 4 females died before the age of 65, 15 males and 12 females between the ages of 65 and 74. The cancers took a total of 49 deaths, 36 of these before age 75. 11 males and 1 female died from cancer of the lung.

It is well to reflect each year on these early deaths and to assess the need for prevention in these groups.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1970 approximately 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation and it is not practicable to impose regulations on an unwilling population. However, it is imperative to take action that will discourage young people from starting to smoke and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailing of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:

1. The education of youth not to take up smoking.
   (In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate).

2. The exerting of the influence of health workers.
   (The medical profession have recognised the hazard and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure).

3. Group approaches to the control of cigarette smoking by adults.

4. Mass approaches to the control of cigarette smoking.

5. Reducing the effectiveness of the advertising and promotion of cigarettes.

6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

*Smoking and Health by Professor C.M. Fletcher & Dr.D.Horn. W.H.O.Publication.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However, the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1970, 7,500 were killed on the roads compared with 7,383 in 1969.

Deaths from accidents in the home are also continuing at a rate which is far too high. Almost three quarters of the fatalities occur in elderly people or in children under 5 years of age.

In England and Wales during 1969 a total of 6,507 people died as a result of accidents in and around the home. This is 107 (or 1.6 per cent) fewer than in the previous year. Further analysis indicates that although 29 more people died in residential institutions, the number of deaths which occurred in private homes fell by 136.

Summary of Accidents in 1969

Cause of Death	Private Homes	Residential Institutions	Total Deaths
Poisoning	813	13	826
Falls	2,873	1,019	3,892
Burns and Scalds	733	32	765
Suffocation and Choking	561	90	651
Others	335	38	373
TOTAL	5,315	1,192	6,507

Every year more people die from falls than from all other accidents in the home - as many as 60% of the fatalities in 1969 resulted from falls. Poisoning is the second major cause, accounting for 13% of the total. About 12% of the deaths were due to burns and scalds, while accidental suffocation and choking resulted in a further 10%.

Cause, Age-group and Sex

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Poisoning	28	13	198	251	336	345	481	826
Falls	71	7	78	273	3,463	1,072	2,820	3,892
Burns and Scalds	133	37	56	129	410	288	477	765
Suffocation and Choking	428	21	57	62	83	413	238	651
Others	86	8	71	59	149	170	203	373
TOTAL	746	86	460	774	4,441	2,288	4,219	6,507
Death Rate*	18.2	1.2	2.4	6.5	71.0	9.6	16.8	13.3

* Deaths per 1,000 population

Elderly people are by far the most frequent victims of fatal home accidents, and in 1969 more than two-thirds of the people who died in this way were aged 65 and over. Seventy-eight per cent of the deaths in this particular age group were caused by falls. Children under five years old accounted for over 11% of the total.

According to the data, about 65% of the victims in 1969 were women or girls.

Falls

Compared with 1968, the number of people who died as a result of accidental falls in the home fell by 53 to 3,892.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Falls on stairs	13	-	37	114	482	263	383	646
Falls from ladders	-	1	7	10	16	27	7	34
Falls from buildings	16	4	17	14	39	60	30	90
Other falls from one level to another	32	1	5	29	316	111	272	383
Falls on same level	1	-	2	16	389	83	325	408
Other and unspecified falls	9	1	10	90	2,221	528	1,803	2,331
TOTAL	71	7	78	273	3,463	1,072	2,820	3,892

Women accounted for three-quarters of the deaths in the 65 and over age group, but only 40% of the fatalities among the younger age groups.

Poisoning

There were 826 deaths from accidental poisoning in 1969, 6% fewer than in the previous year.

Poisoning

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Barbiturates	3	-	73	135	65	107	169	276
Analgesics and antipyretics	2	1	14	6	3	17	9	26
Other sedatives	-	-	15	10	8	10	23	33
Nervous system and psychotherapeutic drugs	6	3	16	11	4	19	21	40
Other and unspecified drugs	6	1	12	20	8	11	36	47
Alcohol	-	-	5	7	1	9	4	13
Other solids and liquids	4	-	2	3	-	5	4	9
TOTAL, solids and liquids	21	5	137	192	89	178	266	444
Piped Gas	-	4	36	36	213	110	179	289
Motor vehicle exhaust and other carbon monoxide gases	7	4	22	22	34	53	36	89
Other gases and vapours	-	-	3	1	-	4	-	4
TOTAL, gases and vapours	7	8	61	59	247	167	215	382
TOTAL	28	13	198	251	336	345	481	826

The number of people who died from poisoning by ordinary domestic piped gas fell by 29%, while there was an 18% increase in deaths involving drugs and medicaments - from 358 to 422.

Burns and Scalds

Accidental burns and scalds resulted in 765 deaths during 1969, compared with 781 fatalities in 1968.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Burns by clothing	7	9	10	26	142	39	155	194
Burns from controlled fire	10	2	2	13	96	41	82	123
Conflagration	85	23	27	36	61	115	117	232
Other and unspecified burns	18	2	17	40	75	74	78	152
TOTAL, fire and flames	120	36	56	115	374	269	432	701
Hot substance, corrosive liquid and steam	13	1	-	14	36	19	45	64
TOTAL	133	37	56	129	410	288	477	765

Of the 194 deaths from clothing catching light, 37 were attributed to open fires, 34 to electric fires and 27 to matches and cigarettes etc. The majority of the 194 victims were women aged 65 and over.

Suffocation and Choking

Accidental suffocation and choking caused 649 deaths in 1968 and 651 deaths in 1969. Babies and young children are particularly susceptible to accidents of this kind, accounting for two-thirds of the deaths every year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Inhalation and ingestion of food	234	6	28	52	74	227	167	394
Inhalation and ingestion of other objects	19	1	2	2	5	19	10	29
Suffocation in bed or cradle	154	1	3	1	-	105	54	159
Other and unspecified suffocation	21	13	24	7	4	62	7	69
TOTAL	428	21	57	62	83	413	238	651

Choking over food resulted in more than half the fatalities among the under-fives.

Other Causes

During 1969 there were an additional 373 deaths in England and Wales from miscellaneous accidents in and around the home.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Drowning and submersion*	27	3	20	15	17	31	51	82
Electric current ⸸	8	-	28	11	11	35	23	58
Excessive cold	1	-	-	5	59	10	55	65
Hunger, thirst, exposure and neglect	16	-	3	9	16	18	26	44
Struck by falling object	14	3	3	5	7	24	8	32
Striking against or struck by object	5	-	1	2	11	9	10	19
Other and unspecified**	15	2	16	12	28	43	30	73
TOTAL	86	8	71	59	149	170	203	373

* Altogether 523 people were accidentally drowned during 1969. Although only 82 of these occurred at home, the majority of the remaining deaths were associated with everyday leisure activities.

⸸ Excludes burns by heat from electrical appliances.

** Includes cutting or piercing instruments (13 deaths), foreign body in orifice (12 deaths), explosive material (7 deaths) and firearms (7 deaths).

As many as 50 of the 65 people who died from excessive cold were women aged 65 or over.

DISPOSAL OF THE DEAD;

Of the 212 deaths during the year, 139 bodies were disposed of by cremation at Kettering Crematorium, giving a precentage of 65.56.

SECTION B

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES

LABORATORY FACILITIES:

The Public Health Laboratory Service operating at the General Hospital, Northampton, was available for the diagnosis and analysis of specimens relative to infectious disease, and also for the bacteriological examination of water samples and was free of cost to the Authority. A helpful and efficient service is provided and we thank Dr. Hoyle for his constant co-operation.

AMBULANCE SERVICE:

Local ambulances under the control of the County Council are used for cases occurring in the District.

NURSING IN THE HOME, MIDWIVES AND HEALTH VISITOR SERVICES:

These are provided directly by the County Council, who have their nurses living in various parishes in the District.

THE HOME HELP SERVICE:

This is also provided by the County Council. It is a very necessary service and affords considerable benefit to the community, both to domiciliary maternity cases and in the case of old people who can remain comfortably at home, and who, without this help, would be in institutions.

CHILD WELFARE CENTRES AND CLINICS:

The County Council provide these services as follows:

Bozeat - Church Hall, 2 p.m. Fourth Wednesday of the month.
Gt. Doddington - Parish Hall 2 p.m. Second Thursday of the month.
Earls Barton - Baptist School Rooms, 2 p.m. Second and fourth Friday of the month.
Irchester - Parsons' Hall, 2 p.m. First and third Friday of the month.
Wollaston - Village Hall, First and third Thursday of the month.

Isham, Lt. Harrowden and Orlingbury are served by the Mobile Clinic on the first Monday of the month and Sywell on the first Wednesday of the month.

HOSPITAL ACCOMMODATION:

The Oxford Regional Hospital Board is responsible for these services which are as follows:

General Hospitals - Northampton and Kettering
Gynæcological - Wellingborough Hospital
Acute Medical Cases, Skins & Children - Highfield Hospital, Wellingborough
Chronic Sick, the Aged and Persons in Need of Care and Attention -
  Park Hospital, Wellingborough, St. Mary's Hospital, Kettering
Maternity - Park Hospital, Wellingborough
Tuberculosis - Rushden Hospital
Infectious Diseases - Harborough Road Hospital, Northampton
Orthopœdic - Manfield Orthopœdic Hospital, Northampton
Out-Patient facilities are available at the two General Hospitals and
  also at the Rushden Memorial Hospital, The Hayway, Rushden
Orthopœdic - Rock Street Clinic
Tuberculosis - Rock Street Clinic

VENERAL DISEASES:

Out-patient Department, Kettering General Hospital. Tuesday of each week Female 4.30-5.30 p.m. Male 5.30-6.30 p.m.

Northampton General Hospital:

Males	Wednesday	2-3 p.m.
	Friday	5-6.30 p.m.
Females	Monday	5.15-6.30 p.m.
	Friday	2.15-3.30 p.m.

WELFARE OF THE AGED:

National Assistance Act, 1948. Section 47 and National Assistance (Amendment) Act, 1951.

Under this section the Council is responsible for the removal to suitable premises of persons needing care and attention. No action was necessary under this Act this year.

SERVICES FOR OLD PEOPLE:

The following provide services for old people:

1. The National Health Service

  (a) General Practitioner Service
  (b) Hospital and Specialist Services including the Almoner Service

2. The County Council

  (a) The Health Department

    1. District Nurses
    2. Health Visitors
    3. Home Helps
    4. Chiropody Service
    5. Certain home equipment

(b) The Welfare Department

1. Part III Accommodation and homes
2. Special Services for the blind etc. and home fittings where necessary.

3. Department of Health and Social Security

Financial help where necessary.

4. The District Council

Homes for the aged, flats, and in some cases flatlets with Warden supervision.

5. Voluntary Organisation

These are many and services vary in different areas. They include holiday schemes in which old people are taken on seaside holidays in off-season times; the Darby and Joan Clubs; "Meals on Wheels" Service; the Home Visiting. The Women's Royal Voluntary Service often undertakes many of the above duties, while in other areas local voluntary committees run the various organisations. The Rural Communities' Council, together with the Old People's Welfare Committee provide co-operation between the various services.

Your Medical Officer of Health, having a special interest in the welfare of the aged, and by virtue of her appointment both to the District and the County Council, and by her relationship with other medical colleagues, endeavours to fulfil the function of co-operation and co-ordination between these many agencies. Many cases of breakdown can be prevented by early application of these services.

SECTION C

SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLY

Water for the Wellingborough Rural District is supplied by two Boards, the Mid-Northamptonshire Water Board and the Higham Ferrers and Rushden Water Board. All parishes in the area have a piped and treated supply.

The following parishes receive a supply from the Mid-Northamptonshire Water Board: Isham, Hardwick, Lt. Harrowden, Gt. Harrowden, Orlingbury and Sywell.

The Higham Ferrers and Rushden Water Board supply: Bozeat, Wollaston, Easton Maudit, Gt. Doddington, Earls Barton, Ecton, Mears Ashby, Wilby, Grendon, Irchester, Lt. Irchester, Strixton and Newton Bromswold.

The sources of supply for the Mid-Northamptonshire Water Board are from reservoirs situated at Pitsford, Cransley, Thorpe Malsor and Hollowell. The gathering grounds cover about nineteen square miles and are mostly agricultural land with a certain amount of ironstone quarrying. The main reservoir, Pitsford, has a capacity of 4,000 million gallons and this reservoir is now supplemented by Grafham Water.

Treatment consists of the raw water flowing to a pumping station below the dam from where it is pumped to the treatment works. These works consist of a chemical block, reaction tanks, filters, filtered water tank and pumping station. The water is first softened and then passed through open rapid gravity filters and then to the filtered water tank for sterilisation by chlorine. Water thus treated is pumped to three trunk mains for distribution.

The sources of supply for the Higham Ferrers and Rushden Water Board are as follows:

Sywell Reservoir - which has a capacity of approximately 236,000,000 gallons. The catchment area is approximately 2,000 acres and the reservoir receives its supply from springs, two small brooks and surface rainwater. Treatment consists of filtration by means of slow sand filters, rapid gravity filtration and chlorination.

Hardwater Crossing, Wollaston - The source of supply is from wells sunk in the Nene river gravels. Treatment consists of mechanical filtration followed by chlorination.

Ditchford - This source is from gravels adjacent to the river at Ditchford. Collector ducts are laid in the gravels and the water extracted is brought to the treatment works. Treatment consists of rapid gravel filtration, partial softening, aeration and chlorination.

Further sources of supply are from springs and a gravel well at Earls Barton and springs at Grendon.

WATER CONSUMPTION

Consumption of water supplied by the Higham Ferrers and Rushden Water Board to the Wellingborough Rural Area was as follows:

Water used for domestic purposes	194,518,000 galls.
Therefore, average daily consumption	530,186 galls.
Water used for trade purposes	62,417,000 galls.
Therefore, average daily consumption	173,746 galls.
Domestic purposes per head per day	36.9 galls.
Trade purposes per head per day	12.2 galls.
Total consumption per head per day	49.1 galls.

QUALITY OF WATER

Chemical analyses of water taken by the Higham Ferrers and Rushden Water Board during the year gave the following results:

Chemical Analysis

Samples Contained	parts per 100,000		
	Sywell (treated)	Earls Barton (treated)	Wollaston (treated)
Ammoniacal Nitrogen	0.0042	0.0042	0.0098
Albuminoid Nitrogen	0.0244	0.0136	0.0136
Nitrous Nitrogen	absent	absent	absent
Nitric Nitrogen	0.20	0.45	0.50
Permanganate Figure	0.1402	0.0792	0.1122
Calcium	8.4	9.6	12.6
Magnesium	1.05	1.15	1.21
Chloride	3.8	3.8	4.8
Poisonous Metals	absent	absent	absent
Alkalinity	12.5	21.0	23.0
Total Hardness	18.3	27.1	31.9
Temporary Hardness	6.0	12.5	16.2
Permanent Hardness	12.3	14.6	15.7
Microscopic examination of Deposit	None	None	None
Bacteriological examination	C.O.absent	C.O.absent	C.O.absent

RAINFALL

	1970	1969	1968	1967	1966	1965	1964	1963	
Sywell	25.95	22.13	28.29	25.23	28.96	28.98	16.35	22.23	inches
Wollaston	25.07	20.12	26.88	21.71	26.31	25.56	16.61	21.32	inches

FLUORIDE CONTENT OF THE WATER SUPPLY

The water supply contains 0.24 parts of naturally occurring Fluorine per million parts of water.

SEWERAGE AND SEWAGE DISPOSAL

During the year the following schemes were completed:

Earls Barton	Filter and Lagoons
Lt. Harrowden	(Furnace Lane) Pumping station and sewers
Wollaston	Filters

Work commenced on the Earls Barton Surface Water Scheme and tenders were received for the Irchester Phase II Scheme.

The Scheme for the enlargement of the Earls Barton Works and for the re-sewering of Mears Ashby, together with the necessary pumping stations was submitted to the Ministry.

Draft schemes were prepared for the sewering of Newton Bromswold and Hardwick. In addition, a surface water scheme was drafted out for Hardwick.

Following a report on the advisability of dispensing with the Sywell Sewage Disposal Works and the pumping of sewage to Mears Ashby, the Council's Consulting Engineers were asked for a feasibility study on this scheme, as well as dispensing with both the Bozeat and Grendon Sewage Disposal Works and taking this sewage to Wollaston for treatment. Easton Maudit could then be served by gravity.

The reason behind these studies was to reduce the number of sewage disposal works and so have a better chance of attracting labour to villages which were easily accessible and at the same time to improve the existing works.

Samples of Sewage Effluent were taken and the results are as follows:

	Satisfactory	Unsatisfactory	Total
Bozeat	9	9	18
Earls Barton	15	6	21
Gt. Doddington	11	1	12
Grendon	8	5	13

(Continued)

	Satisfactory	Unsatisfactory	Total
Irchester	7	3	10
Sywell	7	8	15
Wollaston	10	25	35
	67	57	124

During the year 369 septic tanks were emptied, 129 drains and 110 sewers cleared.

SWIMMING POOLS

There is one public swimming pool in the area situated at Sywell. There are also swimming pools at the Secondary School, Wollaston, Grendon Hall and Earls Barton and Gt. Doddington County Primary Schools.

Results of samples taken for bacteriological examination during the year were as follows:

	Number of Samples	Very Satisfactory	Unsatisfactory
Sywell	7	7	-
Wollaston School	4	4	-
Grendon Hall	4	4	-
Earls Barton School	1	1	-
Great Doddington	2	2	-

DISINFECTION

Arrangements have been made over the years with the Rushden Urban District Council for the disinfection of articles of clothing or bedding associated with infectious diseases. It is understood, however, that this machine is now no longer available, but as no use has been made of these facilities for some years and disinfection is carried out domiciliary, no difficulties are likely to arise.

PREVENTION OF DAMAGE BY PESTS ACT

134 domestic and other premises were treated during the year. Test baiting and treatment of sewers were carried out in the Spring and Autumn.

Northamptonshire Rat Control Campaign

In order to further co-ordinate rodent control activities within the County, five District Rat Control Committees were formed in April, 1970. The Kettering and Wellingborough Committee consists of representatives of eight local authorities, six representatives of the N.F.U. and officers of the Ministry of Agriculture. Three meetings were held during the year.

For a second year an intensive county-wide campaign was organised with the aim of concentrating attention on the wholesale destruction of rats on farms and in other places, especially in rural areas, Following similar lines it consisted of full-scale baiting on 23rd November following surveys undertaken during the preceding weeks. It is recognised that the best method of keeping cleared areas free from re-infestation is to maintain permanent baiting points in and around harbouring places.

REFUSE AND SALVAGE COLLECTION

During the year the refuse collection system was reorganised due to the introduction of a Work Study Scheme. The Scheme was introduced in June, 1970, and by September/October was operating satisfactorily. The two teams have been able to achieve their targets and also receive maximum bonus. They have so far coped with the increasing number of houses being erected.

This year too the refuse collection was suspended for a week in respect of mens' holidays. Plastic sacks were used to help the occupants with their refuse problems during this period, but the sacks were not too successful - they tended to split rather too easily and the contents were spilled.

As a result when the possibility of a long strike in the form of the "Dirty Work" strike appeared possible, paper sacks were purchased. Fortunately, however, the strike only caused a one day delay in collection of refuse and so distribution of sacks on a large scale to the public was not necessary.

Refuse disposal by controlled tipping continued to take place at the tip on the north side of Gipsy Lane, Irchester. Mechanical plant in the form of a Drott B100 was purchased for work on the tip.

By the end of the year it was apparent that the life of the tip would not last as long as expected and a report was submitted to the Planning and Technical Services Committee for their consideration on both the method of refuse disposal and collection.

Trade waste takes up almost 50% of the tipping space.

The refuse collection was maintained throughout the year on the following days:

Parish	Day	Tip
Bozeat	Tuesday	Irchester
Doddington, Great	Wednesday	Irchester
Earls Barton	Thursday & Friday	Irchester
Easton Maudit	Tuesday	Irchester
Ecton	Tuesday	Irchester
Grendon	Thursday	Irchester
Hardwick	Tuesday	Irchester

Parish	Day	Tip
Harrowden, Great	Friday	Irchester
Harrowden, Little	Friday	Irchester
Irchester	Thursday	Irchester
Isham	Friday	Irchester
Mears Ashby	Tuesday	Irchester
Newton Bromswold	Monday	Irchester
Orlingbury	Friday	Irchester
Strixton	Wednesday	Irchester
Sywell	Tuesday	Irchester
Wilby	Wednesday	Irchester
Wollaston	Wednesday & Thursday	Irchester

PETROLEUM REGULATIONS

The number of licences held in the district was 89.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

There are seven licenced residential sites in the area. There are also two holiday sites. No difficulty was experienced during the year with the administration of the sites which generally are of a good standard.

A planning application for an increase in numbers in respect of one of the holiday sites was received towards the end of the year.

SECTION D

HOUSING

The Ministry of Housing and Local Government in their post-war housing schemes have approved the erection of 1026 houses for the Rural District. At the end of the year under review 1024 had been completed, the remaining 2 were under construction. Eight houses were completed during the year, the same number as in 1969.

Private enterprise building showed steady progress during the year. 408 houses being completed, an increase of 96 over the previous year. At the end of 1970 there were 229 under construction, a decrease of 84 on 1969.

During the year 15 Improvement Grants were approved, an increase of 10 over the previous year. Eleven Standard Grants were made, a decrease of 16 over 1969. Seven Improvement Grants and 19 Standard Grants were completed in 1970.

At the end of the year there were 241 persons on the Housing List as compared with 259 at the end of 1969.

Work proceeded on the modernisation of 21 houses and tenders were approved for a further seven houses.

POST-WAR SLUM CLEARANCE PROGRAMME

(1) Dwellings improved and made fit:		
(a) Closing Orders determined	60	
(b) Demolition Orders revoked	11	
(c) Following undertakings being given by owners	14	
(d) Informally	5	
		90
(2) Dwellings demolished:		
(a) Clearance Orders	95	
(b) Demolition Orders	308	
(c) Closing Orders	72	
(d) M.O.H. Certificates	29	
(e) Informally	32	
(f) Undertakings	2	
		538

(Continued)

(3) Dwellings still not demolished:

(a) Clearance Orders		-	
(b) Demolition Orders		18	
(c) Closing Orders -			
(i) approved for other uses	20		
(ii) not approved for other uses	44		
		64	
(d) Undertakings given by owners not to re-let for human habitation		5	
			87
			715

Houses dealt with during the year ended 31st December, 1970:

Closing Orders made		7
Demolition Orders made		-
Houses (subject to Orders) made fit		-
Undertakings not to re-let		1
Houses demolished -		
(a) Informally	-	
(b) Demolition Orders	20	
(c) Closing Orders	-	
		20

SECTION E

INSPECTION AND SUPERVISION OF FOOD

MILK SAMPLES

Nine milk samples were taken during the year and the results were as follows:

	No. of Samples	Results: Satisfactory	Unsatisfactory
Pasteurised ...	9	8	1

Routine sampling of milk is carried out by the authorities in whose areas pasteurisation plants are situated. Although there is no pasteurisation plant in the area it is advisable to take routine samples as the authority is responsible for the milk in the area.

ICE CREAM

Forty-six premises are registered for the sale of ice cream. Thirty-five samples of ice cream were taken for examination and the results were as follows:

No. of Samples	Grade I	Grade II	Grade III	Grade IV
35	34	-	1	-

These results are satisfactory.

FOOD PREMISES

During the year 110 inspections of food premises were carried out. It is only by such inspections that a high standard of hygiene can be maintained and this is one of the most important duties of the Public Health Inspectors.

Table No. 9 in Section H gives a summary of the work carried out by the Inspectors during the year.

SLAUGHTERHOUSES

There are two slaughterhouses licenced in the area. Under the Meat Inspection Regulations, 1963, all carcasses are now required to be inspected and to be suitably marked when this is done. A charge is also made for this service. During the year 184 visits to slaughterhouses were made by the Public Health Inspectors. The following table gives details of the number of beasts slaughtered and the results of inspections:

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	253	-	-	875	-	-
Number inspected ..	253	-	-	875	-	-
All diseases except Tuberculosis and Cysticerci:						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned ..	70	-	-	61	-	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	27.7	-	-	7.0	-	-
Tuberculosis only:						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned ..	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis ..	-	-	-	-	-	-
Cystercercus Bovis:						
Carcasses of which some part or organ was condemned ..	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration ..	-	-	-	-	-	-
Generalised and totally condemned ..	-	-	-	-	-	-

The quantity of food condemned as unfit for human consumption was:

Meat	1,107 lb.
Tinned and other foods	348 lb.

SERVICES UNDER THE FOOD AND DRUGS ACT, 1955

(a) Milk Supplies - Brucella Abortus

(i) Number of samples of raw milk examined	-
(ii) Number of positive samples found	-
(iii) Action taken in respect of positive samples	-

(b) The Liquid Egg (Pasteurisation) Regulations, 1963

(i) Number of egg pasteurisation plants in the District	-
(ii) Number of samples of liquid egg submitted to the Alpha-Amylase test and their results	-
(iii) Comments on the year's administration of these Regulations	-

(c) Food Hygiene (General) Regulations, 1960

(i) Number of food premises subject to regulations .. 93

	No. of premises fitted to comply with Reg. 16	No. of premises to which Reg. 19 applies	No. of premises fitted to comply with Reg. 19
Licensed Premises	24	24	24
Fish Shops	5	5	4
Bakehouses	4	4	4
Butchers	8	8	8
Grocers	45	37	37
Catering Premises	5	5	5
Wholesalers	2	1	1
	93	84	83

(d) Poultry Inspection

Number of poultry processing plants in the District .. -

The following report has been received from Mr. F. J. Evans, Chief Inspector, Weights & Measures Department, and is acknowledged with thanks.

SAMPLES TAKEN IN WELLINGBOROUGH RURAL DISTRICT IN THE TWELVE MONTHS ENDING 31st MARCH, 1971

Milks	54
Almond Marzipan etc.	1
Butter	1
Cakes, Puddings and Biscuits	2
Cheese	2
Condensed and Evaporated Milk	1
Condiments	3
Cream	1
Drugs etc.	3
Carried forward	68
Brought forward	68
Fruit & Vegetables	1
Jams & Marmalades	3
Lard, Dripping etc.	1
Meat & Fish Pastes	2
Meat Products	16
Soft Drinks	4
Soups	1
Wines & Spirits	12
TOTAL	108

REMARKS

Three of the samples which were procured in the Rural District during the period under review were reported to be unsatisfactory by the Public Analyst.

A sample of milk was reported by the Analyst to have a solids-not-fat content of 8.23 per cent, compared with the presumptive standard of 8.5 per cent for genuine milk. The Hortvet freezing point test was applied and this indicated that the depression of the solids-not-fat content was not due to the presence of added water. The dairy farmer was advised of the result to permit him to take suitable action to improve quality.

Sausage containing preservative may not be sold unless the presence of the presevative is declared either by a statement on the wrapper or a notice in the shop. In two cases sausages containing presevatives were sold without the necessary notices being exhibited and the butchers concerned received warnings.

A sample of untreated milk which was sent to the Public Health Laboratory for examination was reported to have satisfied the brucella ring test.

WEIGHTS AND MEASURES ACT, 1963

Of the 8,651 articles which were checked for weight or measure during the year, 105 were found to be deficient, whilst 34 were incorrect in other respects. The errors detected were of a minor nature and call for no particular comment.

SECTION F

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968
Public Health (Infectious Diseases) Regulations
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act, 1968, and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis
Acute meningitis
Acute poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery
  (amoebic or bacillary)
Infective jaundice
Leprosy
Leptospirosis
Malaria
Measles
Opthalmia neonatorum
Paratyphoid Fever
Plague
Relapsing fever
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhoid Fever
Typhus
Whooping Cough
Yellow Fever

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia
Acute primary pneumonia
Acute rheumatism
Erysipelas
Membranous croup
Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

There was a decrease in the notification of infectious disease from 133 last year to 89 this year.

MEASLES

The incidence of measles notification decreased. There were 73 cases as compared with 109 in 1969. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequaelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension of vaccination in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. It is hoped that this will be the last measles epidemic.

RUBELLA

Rubella vaccination became available in November, 1970, and this was offered to all girls in their 14th year of life, i.e., aged 13. A comprehensive campaign was launched by the County Health Department in the form of letters to general practitioners and parents informing them of the availability of the vaccine, and urging as many girls as possible to have the vaccination. It is hoped to lower the age limit to cover 12 year old girls as soon as further supplies of the vaccine are available.

WHOOPING COUGH

Five cases of whooping cough were notified during the year, there were no cases in 1969. This is another condition which is becoming largely more benign, but in some cases can be distressing and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria.

SCARLET FEVER

Five cases were notified as compared with two last year. This disease continues in its mild phase. Its principal interest is that it gives a rough indication of the amount of streptococcal infection in the community.

SMALLPOX

There were no cases. It has recently been recommended by the Department of Health and Social Security that vaccination against smallpox need no longer be carried out as a routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.

It is however, emphasised that all travellers to and from areas of the world where smallpox is endemic or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

DIPHTHERIA

There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore, with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease can be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so, they neglect their welfare.

POLIOMYELITIS

Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

DYSENTERY

There were no cases notified as compared with 13 last year.

FOOD POISONING

One case of Salmonella Typhimurium was notified. The patient had been working with Salmonella Typhimurium cultures in a hospital laboratory, a few days before he was taken ill.

Food poisoning is usually caused by one of the Salmonella organisms, the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining entry to food from an infected spot or boil on the hands, arms or face of a food handler may also be an occasional cause. More rarely typhoid fever or botulism may occur. However, the commonest germ causing food poisoning is the Salmonella gaining entry into food by the faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today, one of the most frequent.

RESPIRATORY INFECTIONS AND INFLUENZA

Ten deaths are recorded this year from pneumonia, five from bronchitis and seven from influenza, though at the end of 1969 and the beginning of 1970 there was a severe outbreak of influenza which placed a heavy burden on the health services, the major part being on the general practitioners. The care provided during the four weeks of the outbreak was exemplary and was evidence of the value of the general practitioner care of the community.

Other repiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

INFECTIVE JAUNDICE

Five cases were notified compared with six in 1969. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other local authorities this also became operative in Northamptonshire. Under the Health Services and Public Health Act, 1968, infective jaundice became nationally notifiable.

Acute infective hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal-oral spread, with an incubation period of 15-50 days. The incriminative routes of infection are from food-handlers, water and children to their mothers. The virus is present in faeces, 16 days before jaundice and up to 8 days afterwards. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists and nurses, drug addicts and in the various tattooing processes. The clinical groups of these two groups of hepatitis are indistinguishable. There is no specific treatment and jaundiced adults may be away from work from six weeks to two months and sometimes may not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital, provided that adequate hand-washing techniques are practised, and concurrent disinfection of excreta. Serum hepatitis could be virtually abolished if disposable equipment were generally introduced. In the County, disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of great value for the protection of close contacts and pregnant women during epidemics.

TUBERCULOSIS

No names were added to my Register during the year. Two names were removed, being now healed. The following table shows the number of known cases of Tuberculosis in the District as at 31st December, 1970 :-

	Males	Females	Total
Respiratory	14	11	25
Non-respiratory	3	9	12
Totals:	17	20	37

SECTION G

FACTORIES ACT, 1961

There are 84 factories in the Rural District. Twenty inspections were made. Table No. 10 in Section H gives further information.

The number of Outworkers on the August list was 118. No action was necessary in respect of Sections 133 and 134 which concerned homework.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

Class of premises	Premises newly registered during the year	Total number of premises at end of year	Number of general inspections during the year
Offices	-	3	1
Retail Shops	2	23	4
Wholesale shops, warehouses	2	9	2
Catering establishments, canteens	-	4	1
Fuel storage depots	-	1	-
TOTALS	4	40	8

Number of visits of all kinds by Inspectors to registered premises - 14

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of workplace	Number of persons employed
Offices	23
Retail shops	117
Wholesale departments, warehouses	86
Catering establishments ...	31
Canteens	-
Fuel storage depots	2
TOTAL	259
TOTAL MALES	156
TOTAL FEMALES	103

SECTION H

DEATHS FROM SELECTED CAUSES

Table No. 1

Year	Non-Pulmonary Tuberculosis		Pulmonary Tuberculosis		Cancer		Diseases of Heart and Blood Vessels		Bronchitis Pneumonia and other Respiratory Diseases	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1946	2	.15	5	.39	22	1.75	61	4.86	20	1.59
1947	2	.16	3	.23	25	1.96	93	7.31	17	1.33
1948	-	-	5	.39	19	1.48	87	6.81	13	1.01
1949	-	-	3	.23	16	1.23	89	6.86	22	1.69
1950	2	.15	4	.30	29	2.18	89	6.71	18	1.35
1951	-	-	3	.23	22	1.69	75	5.76	29	2.23
1952	3	.23	3	.23	24	1.69	101	7.76	9	0.69
1953	-	-	-	-	15	1.04	75	5.21	9	0.62
1954	-	-	-	-	35	2.45	68	4.76	12	0.84
1955	-	-	1	.07	32	2.27	85	6.04	9	0.63
1956	1	.07	-	-	36	2.64	97	7.13	8	0.58
1957	-	-	-	-	33	2.42	86	6.32	6	0.44
1958	-	-	3	.21	40	2.85	87	6.21	6	0.42
1959	-	-	1	.07	26	1.83	92	6.48	13	0.93
1960	-	-	1	.06	18	1.21	90	6.07	17	1.14
1961	-	-	1	.07	19	1.39	72	5.27	19	1.39
1962	-	-	-	-	25	1.82	66	4.80	18	1.30
1963	-	-	-	-	29	2.09	82	5.92	26	1.87
1964	-	-	-	-	28	2.08	81	5.82	12	0.86
1965	-	-	1	.07	34	2.40	68	4.80	22	1.55
1966	-	-	-	-	36	2.50	82	5.70	17	1.18
1967	-	-	-	-	32	2.16	72	4.87	13	0.87
1968	-	-	-	-	36	2.29	93	5.92	21	1.33
1969	-	-	1	.06	42	2.56	93	5.68	21	1.28
1970	-	-	1	.05	49	2.86	107	6.25	27	1.58

COMPARISON OF STILLBIRTHS, ILLEGITIMATE BIRTHS AND MASCULINITY OF BIRTH

Table No. 2

Year	Stillbirths per 1,000		Illegitimate Births per 1,000 live births	Male births per 1,000 live female births
	Population of all ages	Total Births (Live and Still)		
1946	.39	22.32	105.02	1,027
1947	.39	22.02	58.55	1,055
1948	.54	30.56	72.07	947
1949	.38	23.80	51.28	1,029
1950	.15	10.81	32.78	1,033
1951	.69	48.38	39.54	1,082
1952	.15	10.36	47.12	1,122
1953	.34	25.51	36.64	989
1954	.14	10.86	65.93	1,246
1955	.49	37.03	71.42	1,166
1956	.22	15.38	31.25	828
1957	.29	23.39	35.92	1,287
1958	.50	37.43	16.66	1,090
1959	.14	10.15	20.51	875
1960	.26	17.85	45.45	1,136
1961	.36	22.52	55.29	990
1962	.07	4.10	41.66	967
1963	.14	9.25	74.67	1,229
1964	.14	8.03	56.68	1,075
1965	.56	29.00	48.98	1,205
1966	.14	7.66	46.33	773
1967	.47	24.39	46.43	1,022
1968	.13	6.90	45.13	972
1969	.12	6.23	40.75	1,278
1970	.35	16.00	36.96	1,185

VITAL STATISTICS FOR 1970 AND PREVIOUS YEARS

Table No. 3

Year	Estimated Population	Births		Deaths			
				Under 1 year		All ages	
		No.	Rate per 1,000 pop.	No.	Rate per 1,000 Live Births	No.	Rate per 1,000 pop.
1946	12,530	219	17.47	15	68.49	152	12.13
1947	12,720	222	17.45	7	31.49	189	14.85
1948	12,760	222	17.39	13	58.55	153	11.99
1949	12,960	205	15.81	8	39.02	172	13.27
1950	13,250	183	13.81	7	38.25	170	12.83
1951	13,000	177	13.61	7	39.54	186	14.30
1952	13,000	191	14.69	3	15.18	174	13.38
1953	14,370	191	13.29	6	31.45	128	8.90
1954	14,270	182	12.76	2	10.98	144	10.09
1955	14,070	182	12.93	6	32.96	153	10.87
1956	13,600	192	14.11	4	20.83	176	12.94
1957	13,590	167	12.28	2	11.97	156	11.47
1958	14,000	180	12.85	2	11.11	161	11.50
1959	14,180	195	13.75	4	20.51	160	11.28
1960	14,820	220	14.84	7	31.81	161	10.86
1961	13,660	217	15.88	4	18.43	137	10.02
1962	13,770	240	17.42	4	16.66	139	10.09
1963	13,840	214	15.49	6	28.03	159	11.48
1964	13,950	247	17.69	3	12.15	139	9.99
1965	14,140	247	17.68	3	12.15	154	10.89
1966	14,380	259	17.32	5	19.30	173	12.03
1967	14,780	280	18.9	4	13.94	142	9.60
1968	15,720	288	18.32	6	20.83	182	11.58
1969	16,350	319	19.51	4	12.53	188	11.49
1970	17,130	378	22.10	4	11.00	212	12.40

TUBERCULOSIS

New Cases and Mortality During 1970

Table No. 4

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1	–	–	–	–	–	–	–	–
1 - 4	–	–	–	–	–	–	–	–
5 - 14	–	–	–	–	–	–	–	–
15 - 24	–	–	–	–	–	–	–	–
25 - 34	–	–	–	–	–	–	–	–
35 - 44	–	–	–	–	–	–	–	–
45 - 54	–	–	–	–	–	–	–	–
55 - 64	–	–	–	–	–	–	–	–
65 +	–	–	–	–	1	–	–	–
TOTALS	–	–	–	–	1	–	–	–

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1970

Table No. 5

Disease	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	5	5
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	1	21	12	13	8	3	15	73
Whooping Cough	-	-	-	-	-	-	1	-	-	-	2	2	5
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	1	-	-	-	-	1
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	1	1	1	1	-	1	-	-	-	-	-	5
TOTAL	-	1	1	1	1	1	23	13	13	8	5	22	89

AGE INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1970

Table No. 6

Disease	0+	1+	2+	3+	4+	5+	10+	15+	20+	35+	45+	65+	All ages	Removed to hospital	Deaths
Scarlet Fever	-	-	1	-	-	4	-	-	-	-	-	-	5	-	-
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	3	8	8	12	7	33	1	1	-	-	-	-	73	-	-
Whooping Cough	1	1	2	-	1	-	-	-	-	-	-	-	5	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Para-typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	-	2	-	-	1	1	1	-	5	-	-
TOTAL	4	9	11	12	8	39	1	1	2	1	1	-	89	-	-

INCIDENCE OF NOTIFIABLE DISEASES

(other than Tuberculosis)

IN INDIVIDUAL PARISHES, 1970

Table No. 7

Parish	Scarlet Fever	Meningitis	Measles	Whooping Cough	Tetanus	Leptospirosis	Diphtheria	Poliomyelitis	Food Poisoning	Dysentery	Infective Hepatitis	Para-typhoid	Malaria	TOTAL
Bozeat	-	-	1	-	-	-	-	-	-	-	2	-	-	3
Doddington, Great	-	-	1	2	-	-	-	-	-	-	-	-	-	3
Earls Barton	5	-	31	3	-	-	-	-	-	-	1	-	-	40
Easton Maudit	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ecton	-	-	8	-	-	-	-	-	-	-	-	-	-	8
Grendon	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hardwick	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Harrowden, Great	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Harrowden, Little	-	-	6	-	-	-	-	-	-	-	-	-	-	6
Irchester	-	-	6	-	-	-	-	-	-	-	2	-	-	8
Irchester, Little	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Isham	-	-	14	-	-	-	-	-	-	-	-	-	-	14
Mears Ashby	-	-	2	-	-	-	-	-	-	-	-	-	-	2
Newton Bromswold	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Orlingbury	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Strixton	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sywell	-	-	2	-	-	-	-	-	-	-	-	-	-	2
Wilby	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wollaston	-	-	-	-	-	-	-	-	1	-	-	-	-	1
TOTALS	5	-	73	5	-	-	-	-	1	-	5	-	-	89

HOUSING PROGRAMME UP TO 31st DECEMBER, 1970

Table No. 8

1.	Number of houses proposed to be erected as approved by the Ministry of Housing & Local Government to date	1,026
2.	(a) Number of sites concerning which lay-out plans and house plans have been approved by the Ministry of Housing & Local Government	56
	of Housing & Local Government to date	1,026

3. Superficial area plans approved, determined in accordance with paragraph 4 of the Standards of New Houses adopted by the Joint Committee :

(a) Non-parlour types	2 bedrooms	X type	square feet	846
	2 "	R "	" "	868
	2 "	I "	" "	872
	3 "	M "	" "	916
	3 "	N "	" "	952
	3 "	O "	" "	965
	3 "	P "	" "	972
	3 "	J "	" "	946
	3 "	H "	" "	937
	3 "	G "	" "	914
	3 "	F "	" "	912
	3 "	K "	" "	850
	3 "	L "	" "	927
	3 "	B "	" "	900
Convertible	3 to 4 "	V "	" "	903
(b) Parlour type	3 bedrooms	D type	square feet	800
	Duplex	E "	" "	840
(c) Bungalow	2 bedrooms	Q "	" "	745
	2 "	T "	" "	635
	2 "	Y "	" "	616
	1 bedroom 2 persons	U "	" "	564
	1 " 1 "	S "	" "	349
	1 " 1 "	Z "	" "	384
	1 " 2 "	PM7 "	" "	569
(d) Flats	2 " 4 "	A "	" "	718
	1 " 2 "	PM3 "	" "	548
	2 " 3 "	PM6 "	" "	785

4.	Number of houses for which tenders have been invited	239
5.	Number of houses the erection of which have begun	1,026
	Number of houses approved but not erected	-

SUMMARY OF SANITARY INSPECTIONS, ETC.

Table No. 9

Number of visits and inspections	1,622
Slaughterhouses on Register	2
Number of Slaughtermen Licensed	6
Visits to Slaughterhouses	184
Visits to Butchers' Shops	1
Number of Bakehouses	5
Visits to Bakehouses	5
Food condemned as unfit for human consumption	1,455 lb.
Premises licensed to sell Ice Cream	46
Blocked sewers and drains	216
Cesspools cleansed	378
Offensive Accumulations	1
Smoke and Dust Nuisance	4
Premises infested with flies, etc.	35
Animals kept as to be a nuisance	11
Inspection of Food Premises	110
Housing Act Inspections	211
Licences issued under Milk (Special Designation) Regs. 1963	5
Offensive Trades	58
Infectious Diseases investigations	10
Samples of Water taken	1
Caravan Sites Act, 1960	12
Noise Abatement Act	31
H.C.N. Fumigation Regulations	-
Animal Boarding Establishments	1
Offices, Shops and Railway Premises Act, 1963	14

Table No. 10

Prescribed particulars on the administration of the Factories Act, 1961, Section 153(1), for the year 1970

PART I OF THE ACT

1. INSPECTIONS for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4, & 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which s.7 is enforced by the Local Authority	84	20	2	-
(iii) Other Premises in which s.7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
TOTAL	84	20	2	-

Table No. 10 - continued

2. Cases in which DEFECTS were found.

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	 By H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	6	4	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	6	4	-	-	-

PART VIII OF THE ACT - OUTWORK

Table No. 10 - continued

Nature of Work	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Sect. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel - Making, etc.	118	-	-	-	-	-
Cleaning & Washing	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Furniture and Upholstery	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Carding, etc. of Buttons, etc.	-	-	-	-	-	-
The making of boxes or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Household Linen	-	-	-	-	-	-
TOTAL	118	-	-	-	-	-